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ACROSS THE PAGES . . .

"IF ONLY WE HAD MEDICAL MISSIONARIES," is the refrain from the out-lying missions about Patna. Father John A. Morrison, S. J. makes an urgent and vivid appeal in "Patna Calling."

OCCUPATIONS IN INDIA are much the same as elsewhere . . . except! Sister M. Elise Wijnen, M.D. will tell you the rest of the story in answer to the query: "What Work Do You Do?"

A NURSING SCHOOL COMPOSED MOSTLY OF SISTERS . . . that's Sister M. Alma Julia's description of our training school at Holy Family Hospital in Rawalpindi. The communities, styles of habits and languages are many and varied.

A PLEA FOR HELP . . . Mr. Hoover's statement on the food situation in India sums up to an earnest plea for help for these stricken people.

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The Motherhouse and Novitiate are located in Fox Chase, Philadelphia, Pa. There is also a House of Studies in Brookland, Washington, D. C., and Houses of Postulate in England and Holland.

The main activities of the Society include the conducting of hospitals, dispensaries, maternity and child welfare centers, training schools for native nurses and midwives, and similar health works.

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"But What Of Tomorrow?"

As the gaunt spectre of famine haunts the world, our attention is drawn once more to India. Elsewhere in this issue we have quoted Mr. Herbert Hoover's statement on India's food situation, in which he says: "Indian Provinces containing 230,000,000 people are involved in food difficulties . . . The number of people in jeopardy of life runs into tens of millions unless they obtain additional food from outside . . . "

India has been noticed. At last the appalling distress of hundreds of millions of her people is made known. And it is made known *now* because the Indian food problem is a part of the whole world problem.

For the people of India, however, famine is not new. Only three years ago an epic catastrophy overtook the province of Bengal. In the fall of 1943 observers estimated that in the famine districts at that time more than 50,000 persons were dying weekly. The starving peasant farmers, unable to find relief in the country, began pouring into the towns. In Calcutta there were at the peak of the famine as many as 150,000 homeless, dying in the streets. Our own Sisters, eyewitnesses to the tragedy of famine in the city of Dacca, wrote—"Dead and dying are everywhere. Hundreds of little children wander about, fighting the very dogs for a piece of blackened banana peel."

That was less than three years ago. A few terse lines in an official report will record the stark tragedy of those months as the Bengal famine of 1943-44; just as they tell us of similar tragedies—the Indian famine of 1899-1900, affecting 55 million persons, that of 1907-09, affecting 30 millions.

And now, as the black horseman of the Apocalypse rides the world in the wake of war, the thunder of his hoofbeats echoes again in India. India has heard them so often. Indeed, for too many millions of her people they are never stilled. Always and ever they sound, for it is but too true and too tragic that for them hunger and slow starvation are nothing new. Even in normal times great numbers drag out a pitiful existence on only one meal—a very meagre meal—a day. Of the vast majority of India's 400 million people we may say without exaggeration—THESE PEOPLE ARE ALWAYS HUNGRY!

That India's food problem is recognized, that determined and conscientious measures are being taken to alleviate her distress offers a gleam of hope. "The situation of these stricken people," writes Mr. Hoover, "must appeal to every humane person in the world. It is not insoluble, but cooperation and devotion from every quarter are essential. The American people will stretch every resource to help."

We will help. That is very noble, very generous—but that is not all. Today Christ asks for bread—and we do not refuse. But what of tomorrow? The real depth of our charity shall indeed be seen tomorrow, for it is measured by the zeal and earnest with which we work—*to prevent* the tragedy of Christ dying over and over again in His starving members in India, in China, in Europe, all over the world.

In the days of tomorrow shall the *reality* of our love for Christ be seen.

Village women welcome the visit of the Sister-doctor.

PATNA CALLING

By The Rev. John A. Morrison, S.J.

About a week ago Father Batson wrote that he would bring Mother Dengel to see some of the mission stations in his area. They would visit Futwah, Bakhtiarpur, Bihar-Shariff, Mokameh and Nawadah, but were sorry they could not make Bar Bigha as the mud road, dug into ruts by countless bullock carts and ankle deep in dust at this time of the year, was practically impassable for the light car they were using. "And thereby missing," I thought as I read the letter, "just the sort of thing that Mother Dengel herself would want to see, and that would give most point to her trip. If she could only see some of our cases out in the villages, I know she would give us at least a dispensary."

There were two cases in a village not two miles from our mission that I knew would have softened her motherly heart. One, a young Hindu girl twelve or thirteen years old, had been sick for over a month with inflammatory rheumatism, lying on straw in a little mud hut, without warm covering (and northeast India is cold at this time of the year), without proper diet and with only the inexpensive medicines that I could afford to give her. If she comes out of it at all, or at least without a bad heart, it will be remarkable.

In the same village there is another case: a young Hindu woman who came down with malaria some four or five weeks ago, only two days after her child was born. Malaria untreated, and complications after child birth, had her at death's door. Before coming to India I had a little two week's medical course at St. Mary's Infirmary in St. Louis. It was very practical, and since then I've picked up all the medical knowledge I could. But this was no case for a Catholic priest to handle, and besides, it was beyond me. It was just the sort of case the Medical Mission Sisters are intended for—if only we had them! Last evening I made my last visit to that village, but the young woman was sinking. This morning I received word that she had died during the night, another of the countless lives lost in Indian villages for lack of proper attention. If only we had Medical Missionaries!

People in America may be surprised to hear that in all of India with its population of almost four hundred million souls, there is not one medical college that gives its graduates minimum American requirements. There are hospitals, of course, and dispensaries in towns of any size, but the vast bulk of India's millions live in villages, ninety-seven out of every hundred people to be exact, and the qualified medical attention they receive is negligible. Many Indian doctors do a great deal of good. They are devoted to their work and really have the people's interests at heart. But their numbers are woefully inadequate. And most of the people who do benefit from the existing

medical facilities live in the cities. The villages are still practically untouched.

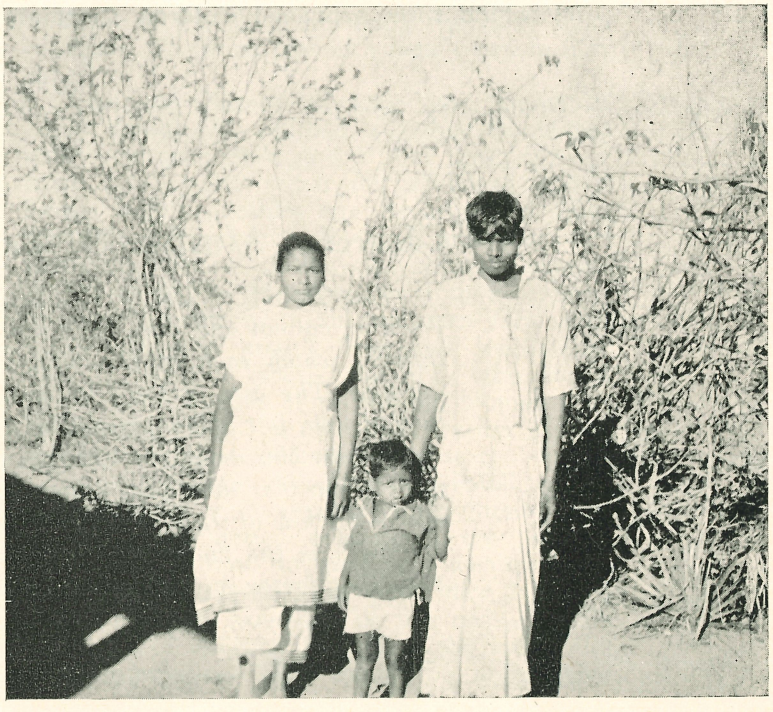
When a man in a village falls sick he takes to his cot. If he has a strong constitution he has a chance of throwing off the disease without the use of medicines. If he has not, there is every possibility that he will die. If he has an infection, the chances are that he will put a poultice of cow dung on it, with results that can be imagined. Not infrequently Indian villagers die from infections that could have been effectually arrested at their onset with a daub of iodine. Sometimes they call in a wizard or witch doctor and his mummery and so-called remedies effect nothing. Sometimes they consult local quacks who have picked up a smattering of medical knowledge. Their medicines and advice do little good. If only we had the Sisters—trained and selfless religious women who see Christ in His suffering brothers and sisters regardless of nationality or color, to aid the work of the missionary priests here in India. A vast, ripe field is waiting for them, and spoiling in the waiting.

When a pagan is in good health he may not have much use for religion, but when he is "down and out" he will often listen to you. A knowledge of medicine will give a missionary entrance into almost any home. But merely to gain an entrance to a house is not enough. Here in India the mother is the queen of the household, and in very many things she exercises great influence. But the system of purdah or seclusion is still so prevalent here that it is practically impossible for a missionary priest to speak with a purdah woman or even see her, much less have any influence over her. When he goes to the average Hindu or Moslem home the women-folk stay out of sight completely, or if they are present, stare at you shyly from a distance. If a purdah woman is sick the missionary priest who goes on the sick call may be allowed to see her, but generally his conversation with her about her ailment and the remedy to be given is carried on through her husband or some other male member of the household who is present. It is easier for a strange atheistic doctor in America to influence a strictly cloistered Carmelite nun than it is for a missionary priest to have any influence on a purdah woman.

But in the case of Medical Missionary Sisters all is changed. The women of the household welcome them and are at ease with them. And that is one reason why a mission station without Sisters always "limps" and is only half a mission. Ask any priest who has lived and worked in both kinds of centers. And at best his medical work is only one of the many side lines that a priest must manage to keep going in addition to his missionary dutes. On the other hand, the Sisters devote all their time to this one work.

But it is not only in trying to reach and influence pagans that Medical Mission Sisters are an absolute necessity. They are needed to care for our own Catholic Indians, especially in mission stations where the missionaries live in one central station and their Catholics are scattered in the many villages throughout the district, miles away. There are so many cases I know where tragedies could have been averted if only the Sisters had been present.

There were Barbara and John for instance. Their home was out in a village some twenty miles away from my mission station in the Santal Parganas. Barbara was expecting her first child. Something went wrong and the unborn child died. The next time I saw Barbara I hardly recognized her. Village women, well meaning but ignorant in a way that must be contacted to be appreciated, had delivered her of the unborn child, there in the mud and thatch house that was her home, with no knowledge of antiseptics and heaven knows what instruments and methods. Barbara almost bled to death; how she did not die of shock and blood poisoning is a major miracle. It was



A Patna family—friends and clients of Holy Family Hospital

a year before she became anything like her former self.

Then there were Mary and Harry. Harry was a lucky boy to get a girl like Mary and he knew it. His hound-like devotion to her was comical to us who had known them both from the time they were children. Their parents had been converted when both were quite small and Mary had spent several years in the Sisters' school at Gokhla. Their wedding was a happy occasion for all and I was glad to be able to bless the marriage. A missionary priest likes to see young Catholic couples start out in life. And then the tragedy happened. Mary had a difficult delivery and her heart weakened. The child, a beautiful little baby, managed to hang on to life for a couple of weeks and then he followed his young mother to the grave. Poor Harry was pitiful. He was a simple village boy, and the shock unbalanced his mind for several days. How different it would have been had there been trained sisters to prepare Mary for the birth of her son and see her safely through it!

Susannah and Sam are another young couple. Susanah gave birth prematurely at seven months to her first-born and lost it. And she almost died herself. When her next child was on the way the missionary in whose section she lived insisted that she go to the Medical Mission Sisters' hospital in Patna City, almost two hundred miles away by bus and train. She went, was safely delivered and now has a beautiful little family, two other children having come in the following years.

One of our Catholic young men, Joseph, lost his wife while he was away in the army, leaving behind three orphaned children. Certainly his wife would not have died had trained Sisters been there to give her the necessary care when she fell sick of some quite ordinary ailment. And these cases are only a few— so many others could be enumerated.

In spite of the fact that Mother Dengel did not come to the mission in which I am working, I was fortunate in meeting her, if only for a few minutes, at the railway station. I was able to tell her how very necessary the Medical Missionary Sisters are in our mission work. In a nearby town a certain well-to-do Hindu merchant has offered us a suitable plot of land and a substantial sum towards building a small hospital and dispensary that would allow for much village work. Some of the people of that town, all pagans, have repeatedly asked us to start some kind of hospital there. But the Sisters have had sadly to refuse. "We would like so much to be able to multiply our missions," said Mother Dengel, "but as yet we simply have not the personnel with which to do it."

The good Lord has made me a man and I have been able to become a missionary priest, for which I thank Him often. But if I had been a girl I would have been a Medical Missionary Sister. A missionary priest can do much and his life can be Christ-like. Our Lord went about the towns and villages of Galilee doing good. Indian villages today are much like the Galilean villages in the time of Christ. In those days certain women followed Him. Valiant women have followed Him throughout the centuries. He wants them to follow Him now, to aid in saving the bodies and souls of so many of His brothers and sisters in present day India.

Church – Mother Of True Unity

The Church of Christ, the faithful depository of the teaching of Divine Wisdom, cannot and does not think of deprecating or disdaining the characteristics which each people, with intelligible pride, cherishes as a precious heritage. The aim of the Church is a supernatural union in all-embracing love, deeply felt and practiced by all men throughout the world . . .

Those who enter the Church, whatever be their origin or their speech, must know that they have equal rights as children in the House of the Lord where the law of the Church and the peace of Christ prevail.

Such is the marvelous doctrine of love and peace which has been an ennobling factor in the civil and religious progress of mankind.

—Pope Pius XII.

What Work Do You Do?

By Sister M. Elise Wijnen, S.C.M.M., M.D.

"What work do you do?" is one of the routine questions on the admission of a patient to Holy Family Hospital. And wide is the variety of answers you are apt to get! "Abscess- opener in the dispensary" is one of them. Some call themselves "saints," and if they are, they must have chosen St. Joseph Benedict Labre as their model. "Student" occurs almost every day, although the man may have four or five children. Some patients you do not need to ask at all. You can smell the "machli-walas" (fishermen), and nothing could be more distinctive than the Indian police force. Even when they are not in uniform, you can pick them out at once.

Some have no regular occupation. They are "pan sellers" one day, toddy peddlers the next season, coolies when they can earn some money that way, rickshaw-pullers, cigaret-makers, flag-carriers, anything that happens to come up. It is very confusing for the books, but that does not bother them. Some jobs are very hard to translate into Americanese. What about the "mattress-refluffer," a man who goes about with a large instrument shaped like a harp, recarding the cotton wool inside old mattresses at so much per mattress. He has a regular contract in many homes, including our own hospital, at the cleaning seasons. The mattresses come out soft, clean and comfortable again . . . for a few months anyhow. Then there is the "palm-tree tapper," a fellow who comes around to tap the juice from the palm trees to make toddy out of it. And what about the mahout or elephant driver? One skill he really needs is the ability *not* to get seasick!

Otherwise the occupations in India are much the same as everywhere. The butcher, the baker, the candlestickmaker are inevitable wherever you go. Still, the minor variations make life interesting.

Take the butcher, for instance. Indian butchers are strictly divided between beef, pork and mutton sellers. Not all Hindus are vegetarians, but none of them will have anything to do with a man who will slaughter the sacred cow. Conversely, the Mohammedans draw the line at the unclean pig. They meet only on the common ground of mutton, which by and large is the most popular item on the Indian meat market.

The baker is even more extraordinary. The sort of bread we know is considered a luxury. Instead, rice is the staple food, with wheat in the form of dry pancakes running a close second. These chapattis or phulkis are baked on a special, ungreased, round pan, and eaten with meat or vegetable curry, serving as dish and spoon as well as food. They are commonly baked at home, so there really isn't anything left for the baker. But for the many men who have no one at home to do the cooking, there are any number of open air restaurants, with standing room only. The men (no women ever patronize these stands) take their earthen mug of tea and their banana leaf of curry sitting on their haunches or on low, flat benches out on the street. The food is cooked on small fires, flat on the floor and offered on plates arranged in front of the shop, all along the busy thoroughfare. The total cost of a meal—two to four cents!

There are dozens of tiny food stores in every bazaar. All of them together would not make one good-sized A & P, but then, none of them are paying much for overhead either. Fruits and vegetables are usually sold from the side of the road, or from small wooden platforms. These stalls open around sunrise and close before the heat starts in real earnest, around ten a. m. in summer. Grains of many varieties, mainly rice and lentils, are sold in separate shops, including the ration shops. Long queues of ragged old women with bowls and cloths for the daily ration of rice were a common sight all last winter.

Trade, whether wholesale or retail, is by no means the main type of employment in India. That distinction belongs to the "girhasthes," the farmers. Ranging from wealthy zamindars or landowners to poor day laborers, they form the backbone of the nation. India is a land of villages, and tilling the soil is the chief occupation. This should be a lucrative

The bihishti (water-carrier) is important.

A vagabond Mohammedan merchant selling his wares on the streets of Bombay.

Open-air kitchens are a common sight in India.

business, as the land is fertile apart from some arid stretches, the climate is well suited for year round cultivation, and labor is cheap and plentiful. Yet Indian farming is at a miserably low level. Ignorance, inbreeding of stocks and plants, lifelong indebtedness to money lenders, chronic ill health, and many other factors combine to deprive the farmer of the fruit of his labors. Better farming methods are being taught in many government and private experimental stations, and some sections of India, notably the Punjab with its schemes for artificial irrigation, are already showing a decided improvement.

In the cities, many men are employed as mistries or coolies, skilled and unskilled labor, as we would call them. They do the building, repairing, installing of fixtures, hauling, demolishing, etc. Some are very clever, others are fair to middling, and still others are quite impossible. We remember with affection the electric mistri who came to Sister Laetitia about fifteen times, asking for directions about a perfectly straightforward job of putting up lights in the new building. Finally Sister's patience was at an end, and she said, "Here, I've explained it to you all these times; now you just go ahead and do it. Use your common sense, man!" Ram Narain drew himself up with dignity and answered, "Madam, common sense is a gift of God. I have only a technical education!"

Recently we had the chapel furniture revarnished. It took two men and several small boys, plus the advice of innumerable bystanders, and about five weeks time. Every morning all the benches would be hauled out and every evening they would be put back again, most of them just as they were before. Some turned out a bright red. Then we feasted our eyes on canary yellow. After much remonstrating and demonstrating they became pitch black . . . and then we gave up! Gradually they turned lighter as the varnish lessened and was thinned out again and again. The mistries moved from the back to the front lawn, from the side porch to the cemetery, back and forth about twelve times, looking for a comfortable spot to work. But not once did they lose their good humor, no matter how much we harassed them.

The educated young men of India are turning towards the "white collar jobs." Every morning you see droves of them cycling off to work, many of them belaboring their teeth with a neem twig as they ride along. They insist on addressing you in textbook English, saying, "Sir, I wish to say something," when they mean, "May I speak to you for a minute?" and stating solemnly, "The child is quite helpless," when they want to invoke your pity on a motherless, newborn baby. They are the victims of a sketchy education, of the constant schism between Indian thought and English manners, the lack of modern homogeneous Indian culture. These young bank clerks, school teachers, office workers, railway officials, etc. are miserably underpaid. Many of them earn less than we pay our sweepers. The patriarchal family system makes it possible for them to have a family long before they can earn a living, but leaves litle room for ambition and enterprise.

However, the fact that India is waking up at last to new opportunities for a fuller and better life in a modern world is one of the hopeful signs for the future. The old system is creaking at the seams. On the ruins of the old prejudices and handicaps, may India arise a new, free and prosperous nation!

And I began to love him, not at first as a teacher of the truth, but as a fellow creature who was kind to me.

—ST. AUGUSTINE (speaking of St. Ambrose)

The Holy Father's Mission Intention For June:

"Propagation of the Faith through the good example of soldiers in foreign lands."

SCHOOL OF NURSING

By Sister M. Alma Julia, S.C.M.M.

"Is Sister Therese here?"

"Which Sister Therese? Sister Therese Bengali is in the Nursery and Sister Therese Ajmer is in the Dispensary."

"No, I mean *our* Sister Therese."

By that she meant Sister Therese of the Medical Mission Sisters.

That's the kind of conversation I heard when I first came to Rawalpindi seven years ago, and it amused me very much. Here is the explanation.

At that time we had in training Sisters from several different religious communities from various parts of India. There were about a dozen Indian Sisters from Bengal, Associates of Mary, Queen of the Apostles; six Indian Mission Sisters of Ajmer; seven Indian Sisters of the Sacred Heart from Patna, all taking the full nursing and midwifery course.

Thus the confusion of names, as some Sisters had a saint's name in common. We would hear:

"Please send Sister Pauline Patna to the surgery."

"Tell our Sister Pauline class will be at four.

There was a Sister Bernadette Bengali and a Sister Bernadette Medical Mission Sister.

There was Sister Vincent Bengali and Sister Vincent Medical Mission Sister.

As some groups of Sisters finished their training, others from various communities took their places. As present we have representatives of five different Indian communities in training. These include:

Handmaids of the Lord, from Ajmer Diocese.

Franciscan Missionaries of Christ the King, from the Karachi Diocese.

Daughters of Mary, from Trivandrum, South India.

Indian Franciscan Sisters, from Lahore Diocese.

Fortunately, all have different saints' names with one exception. There are two Sisters Magdalen. Just recently I heard the Superior say, "Sister Magdalen, this leter must be for you. I gave it to Sister Magdalen Karachi and she said it wasn't for her."

Besides the Indian Sisters, quite a few European Sisters have come here for the midwifery course. Their nursing they had obtained before, in Europe or elsewhere. In addition to our own Medical Mission Sisters, the following communities have been represented:

The Holy Cross Sisters (American), from Bengal.

Sisters of Charity of Ghent, from Lahore.

Daughters of the Cross, from Calcutta.

French Mission Sisters, from Ajmer.

The Franciscan Missionaries of Mary.

Some of the communities, such as the Fran-

Some of the Indian student Sisters at Holy Family Hospital, Rawalpindi. The Medical Missionaries standing in the top row are: (left to right) Sisters M. Stephanie, M. Bernadette and M. Dolores.

ciscan Missionaries of Mary and the Franciscan Missionaries of Christ the King, are composed of Indian, Anglo-Indian, European and other nationalities.

Not only the varieties of communities and habits, but the languages too, were confusing. For some time classes were held in English, Urdu and Bengali. Now most of the classes are held in English, and only the nurse-dai classes are held in Urdu. The Sisters from South India have had English in high school, but it takes them some time to understand our "American" accent.

Up to the present time most of our students have been religious. But not all. We have had the aspirants to the Malabar Medical Mission Sisters whose novitiate is already begun in Mary Giri. Nine have finished their training and are making the novitiate. The rest are still with us and hope to join the others on graduation.

You may wonder why the Sisters come from such distances to take their training in this hospital. One reason is that there are so few Catholic hospitals in the whole of India that have accredited training schools. Until recently there were only three. In the United States, with one-third the population, there are over 600 Catholic accredited training schools for nurses. Catholic education has made great strides in India, but Catholic medical work has lagged far behind. However, now that more and more religious communities are taking up medical work and many more Sisters are receiving nurses' training, we can hope that within a few years many Catholic schools of nursing education will be started.

But to come back to this training school. Imagine how delightful it is to have a nursing school composed mostly of Sisters. The hospital chapel cannot hold us all at one time. For Holy Mass we attend the parish church, which is in the same compound. For other prayers—meditations, office, rosaries, visits, etc. —it seems that there is always one group or other "saying their prayers," so that we can almost call it perpetual adoration. As the time for classes and time of duty differs with each group, so also the time for leisure and prayers comes at various hours.

But what about the secular nurses?

Nursing is not as popular as it should be, and there is prejudice against it amongst the non-Christians. Also—here in the Punjab fewer

A Sister from the Ajmer Diocese working with one of the Malabar Medical Missionary candidates.

Sister M. Stephanie instructs an Indian Sister—Daughter of Mary from Trivandrum, S. India—in preparing a patient's tray.

girls have the required education. Yet we see these difficulties being overcome year by year. The war has helped to call attention to the need for nurses. It took many years of propaganda in Europe and America to raise nursing from the "servant" status to a "professional" basis. We are going through that stage here in India.

It is well known that because of caste difficulties only missionaries and Christian girls have been doing nursing as we know it. But we can see a change coming and for the first time in the history of the school we have five non-Christians in training. Of these, one is a Mohammedan girl, one a Brahmin, one a Sikh, and two are Hindus. That is a definite step forward.

We will need many Catholic nurses to staff the dozens of Catholic hospitals we hope for in the near future. Therefore we need more and better-educated Catholic girls to take up the nursing profession. We cannot hope for a great increase of European or American Sisters to fill the great void in the medical field in India. It is our own Indian nurses, especially our Indian Sisters, who hold the future in their hands. And what of the missionary possibilities? It may be that we can say of these daughters of India what the Holy Father Leo XIII said of her sons when he founded the Papal Seminary of Kandy in Ceylon:

"O India, thy sons will save thee!"

FAMINE THREATENS INDIA

Excerpts from a statement by Mr. Hoover on India's food situation

Indian Provinces containing about 230,000,000 people are involved in food difficulties. The enormity of the food problem must be expressed in numbers. This is the only way its dimensions can be demonstrated. But figures are a poor vehicle with which to convey the extent of the danger and human misery involved. The causes of India's food difficulties come from three directions:

First, India normally imports considerable food supplies especially from Burma. This source has been largely curtailed for this year. Secondly, South India has suffered from a disastrous draught. Thirdly, the standard of living of great masses of the Indian people has always been low and a marginal group has always been on the borderline of what we in America would regard as starvation.

After making all statistical deductions as a result of certain local parts of the provinces being self-supporting and of other localities being less affected and of farmers who supply themselves, the remaining number of people in jeopardy of life runs into tens of millions unless they obtain additional food from outside.

The intelligent use of rationing has prevented stark starvation of the wide-spread famine type familiar in India up to this time. However, we have motored through parched districts in Mysore where even this ration has begun to break down. About two-thirds of the cereal ration is the less nutritious groundnuts and cattle food. If this were all the story the situation might be looked upon as a great sea of misery awakening the world's sympathy but not one unparalleled in potential tragedy. But tragedy lies in the fact that large districts cannot, without outside supplies, maintain even the present reduced ration for more than thirty to ninety days. Many districts are on the edge of a precipice. It is impossible to hazard what the death toll might be if there were no imports into deficit areas; it would be too terrible to contemplate. Every ton of food imported into these areas will lessen the loss of life . . .

In this emergency of the immediate weeks, the deficient areas in India must canvass every possible additional source, not only Australia and Siam but borrowing from Indian surplus areas for repayment later, such sources as Burma, Iraq and Java and borrowing cereals from Egypt against the new crop. There needs to be more co-ordination of effort in the whole Indian Ocean area. When all this has been done, a large part of the solution must come from the western hemisphere. The situation of these stricken people must appeal to every humane person in the world. It is not insoluble but co-operation and devotion from every quarter are essential. The American people will stretch every resource to help.

The mind, sharp but not broad, sticks at every point but does not move.

—RABINDRANATH TAGORE

The Mission Clipper

Endurance pierces marble.
—AFRICAN PROVERB

"PURPLE-ROBED BISHOP"

In compliment to Cardinal Tien, S.V.D., Vicar Apostolic of Tsingtao, Generalissimo Chiang Kai-shek has personally invented the Chinese equivalent for the word "Cardinal." Since Cardinal Tien is the first Chinese prelate to be elevated to the Sacred College, there had been no word in the Chinese language to describe his position. The term coined by Chiang Kai-shek is "Ho I Chiou Kiao," meaning "Purple-robed Bishop."

OUR LADY'S BASILICA IN THE FAR EAST

Atop the highest hill in metropolitan Shanghai stands the only Basilica in the Far East—the Shrine of Our Lady of Zo-se. It is the most famous in the Orient and its history is connected with a miracle wrought in 1870 and attributed to Our Lady, Help of Christians.

July 24, 1870 was the day designated for the uprising that would drive all white people, missionaries as well as traders, from the city of Shanghai. On July 23 all who could possibly crowd into the confines of the foreign compounds were billeted there, awaiting the fateful tomorrow. The next day came, and the mobs, instead of committing acts of violence, soon quieted down and went to their homes.

No explanation could be found for this unexpected turn of events until Father Della-Corte, superior of the Jesuit Mission in Shanghai, revealed that he had gone several weeks before to the shrine on Zo-se and begged Our Lady to save all from the death that threatened. He had promised to erect a perpetual shrine on the spot if his prayers were answered. Father Della-Corte's promise was kept, for the Basilica now marks the spot.

In 1868 Father Marin Dejacques, S. J. dedicated Zo-se to the Blessed Mother, when he placed a holy picture of Our Lady in the center of a small kiosk (roofed pavilion) on the summit. The Basilica was designated as a center of worship for the Chinese and dedicated by the Most Rev. A. Hauoisse, S. J., Vicar Apostolic of Shanghai, in November, 1935. The main altar is contructed of white marble, inlaid with gold mosaics.

During the second World War Our Lady again came to the help of the Christians. More than two thousand Chinese refugees found shelter in the walls of the Basilica and in its vicinity.

HAWAIIAN CENTENNIAL

This year marks the hundredth anniversary of the arrival of the Picpus Fathers on Maui, in the Hawaiian Islands. Special celebrations are being held to commemorate the centennial and to honor Helio Koaeloa, courageous catechist, who overcame extraordinary difficulties to prepare 4,000 catechumens before the priests arrived on April 21, 1846.

Originally known as the Sandwich Islands, the isles were discovered by Captain Cook in 1778. There was an early persecution of the Church, but the faith made such headway that the Holy See in 1826 established the Prefecture Apostolic of the Sandwich Islands and entrusted the territory to the priests of the Sacred Hearts of Jesus and Mary, known as the Picpus Fathers. The district became the Vicariate Apostolic of the Hawaiian Islands in 1844.

When the Picpus Fathers arrived on Maui in 1846 they were astounded to find 4,000 natives awaiting Baptism. This was the work of Helio Koaeloa, the Apostle of Maui, who fought bigotry and an unfriendly government to carry on his instructions. He did not live to see the fruits of his labors.

Father Damien, famous Apostle of Molokai, arrived in Honolulu in 1864 and worked with the lepers for nine years. When the government segregated the lepers on Molokai, he went with them to serve as priest, doctor and nurse. He contracted the disease twelve years later, but continued his work for four more years until his death on April 15, 1889. May 2 is specially celebrated as Damien Day in his honor.

The Honolulu Diocese was erected September 10, 1941. In five years' time the Catholic population has increased by 30,000 to number at present 145,000 out of a total population of 465,000.

—N.C.W.C.

STAR OF THE SEA

Recently a Hindu merchant visited the Shrine of Our Lady of the Snows in Tuticorin, India and presented to Bishop Roche, S. J., a mantle for the statue of Our Lady. It was a gift of gratitude to Mary for saving his cargo boat carrying 5,000 bags of salt. The ship had been caught in a violent storm near the southwest coast of India. Catholic sailors advised the merchant to pray to Our Lady, Star of the Sea. His prayers were answered and when the boat was brought safely to port, he fulfilled his promise of a votive offering to the Blessed Mother.

—The Cowl

R. I. P.

Please pray for the repose of the souls of:

Very Rev. Fr. John Joseph, O. C.D., Alwaye, Malabar, South India.

Rev. Dom Carlos Verbeke, O. S.B., St. Vincent's, British West Indies.

Rev. James J. Rice, Philadelphia, Pa.

Rev. Mother Mary Ursula, O. S.U., Wilmington, Del.

Sister M. Irma, Buffalo, N. Y.

Sister M. Winifred, Buffalo, N.Y.

Mrs. Theresa Huppert, Hager City, Wis.

Mr. Michael Walsh, Newport, R. I.

Mr. Frank L. Diebold, Buffalo, N. Y.

May their souls and the souls of all the faithful departed through the mercy of God, rest in peace. Amen.

Jottings From India

Rawalpindi

We have really big news this month. Ground has been broken for the building of our new Holy Family Hospital in Rawalpindi. That is a real step forward, and we hope to be able to tell you soon that the building of the hospital has actually begun.

Sister M. Alma Julia gives the details . . .

"It has been an exciting week. Monday, March 25th, we had the breaking of the ground for the new hospital. Father Mayer, acting Prefect Apostolic, with the assistance of Mother Dengel, turned the first spade. Other priests present were Father White, Father Lavery, and Father Moran. First Father Mayer blessed the ground and read the prayers. Then, after he and Mother broke the ground, he spoke. Mother Dengel also gave a little speech and in conclusion we sang the Magnificat.

"Several Sisters from other missionary communities attended, including Reverend Mother and the Sisters of the Presentation and Reverend Mother and Sisters of the Franciscan Missionaries of Mary. All of our own Sisters were there, of course, but at the last minute Sister Alma and Sister M. Dolores were delayed with a special baby case. Twenty-five of our twenty-seven nurses also came. We had hired a bus for ourselves and the nurses.

Wanted . . . permits

"Now the next thing to worry about is the laying of the cornerstone. The Commissioner said it must be done in April, as it gets too hot after the first of May and most of the officials go to the hills until fall. We shall try to manage, but the second spade-full has yet to be turned.

"You see, it is like this. We need permits for coal to burn the bricks. We need permits for steel. We need wood and cement and a hundred other things. Materials are as hard to get now as they were during the war. There is the same amount of red tape to be gone through.

"Thus far, we have no permits of any kind, so the breaking of the ground was really a sign of our faith. At any rate, the bricks are being made and the man making them has promised to keep ahead of the building. We expect a letter from the builder, who is supposed to come from Bombay around the first of April. We have been promised all the cement needed at controlled rates."

And the rains came . . .

Everyone in Rawalpindi has been praying for rain—and the rains came. Sister M. Leonie writes:

"It is a lovely rainy, haily Sunday afternoon. Yes, rain can be very lovely. Everyone was in fear of famine, which was bound to come if we did not get the usual spring rains. But the rains that come in January and February just would not fall. The Moslem temples were ringing their bells to call for special prayers for rain. We recited the prayers from the Missal—and lo and behold, about a week ago the rains fell. Today we had a torrential rain with much hail. The nurses were shrieking with delight in the hail (many never saw it before) but we were thinking of those priceless crops that might be damaged."

(Although the rainfall afforded some relief for this section of India, other parts of the country still suffer from draught. The food situation is critical with famine imminent unless immediate preventive measures are taken.)

Sister Nicola . . . "Match-maker"

Sister M. Nicola, who manages the household affairs at Holy Family Hospital sometimes receives odd requests—but it is not often she is asked to induce one of the servants to marry! Sister M. Leonie continues with the story—

"Rampiari, wife of Ram, our head sweeper, died of tuberculosis in our hospital last year. She was really sweet, and Ram loved her very much.

"Now a little while ago, Sister M. Nicola received a letter signed with two names, that of Ram's father and that of the scribe who had composed and written the letter. The purpose of the note was to ask Sister to induce Ram to contemplate another marriage. The girl was pretty and promising, but Ram would not listen. No, he said, he loved Rampiari too much to marry again.

"Apparently thde father was adamant, for one day Ram confided to Sister that his father wanted him to go to Lahore because the bride-to-be wished to see him. But said Ram, 'I am not going. I will send my photograph with my father and then she will see.' The bride-to-be, however, was just as persistent, for at last Ram had to go to Lahore to be shown and to make the final arrangements for the wedding. Sister Nicola told him that he could stay as long as was necessary. But he came back in one day, saying that although the girl wanted him to stay he had told her he was needed at Holy Family Hospital and had to be back at work. In the near future we shall hear that Ram is married again. There seems to be no other way out. India is not a land of bachelors!"

"Ah-ha, Ah-ho"

"It's all a matter of inflection," writes Sister Alma Julia, referring to Punjabi spoken by the Mussulman villagers near Rawalpindi. "Here is what happens when a village Moslem patient comes to the dispensary door . . .

Sister: 'Do you wish to see the Doctor?'

Patient: 'Ah' (which means 'Yes!')

Sister: 'Just sit here.'

Patient: 'Ah' (which means 'All right.')

Sister: 'Is this your first visit?'

Patient: 'Ah-ho' (which means 'Yes, it is.')

In the meantime the baby falls over and begins to cry. The mother says, 'Ah-ho' (which means, 'There, there, now. Don't cry!') as she picks it up.

Then an acquaintance walks in, and she exclaims, 'Oh-ho' (which means, 'Why look who's here!')

Sister: 'Come this way. The Doctor will see you now.'

Patient: 'Ah' (meaning, 'Yes.')

Doctor: 'What is your name?'

Patient: 'Ah'—at which the Doctor repeats the question louder this time and in three different dialects.

Patient: 'Ghulam Sakina.'

Doctor: 'What is the trouble?'

Patient: Holding out her wrist, 'Dekho' meaning 'Look.'

Doctor: 'Do you have a fever?'

Patient: To the above and all remaining questions—'Ah' or 'Ah-ha' meaning, 'Yes' or 'Oh-yes.'

You see, there are many shades of meaning to Ah, Ah-ha, Ah-ho, Oh-ho, etc., etc., but it takes time to find them out. It's all *just* a matter of inflection!"

Mary Giri

The novitiate in Mary Giri continues to "farm". Sister M. Pauline writes—"The other day we bought a pair of pigs. They are Berkshire crossed with wild boar. As their new house was not quite completed and they insisted on escaping from their temporary shelter, we had to lock them up in the chicken house, which they did not like one bit.

"One time we had twenty-seven chickens plus twenty-two chicks, but all fell sick and many died. We had to kill the rest. We were planning to have them during Mother Dengel's visit to Mary Giri, as good meat is so difficult to procure. However, God provided. Sunday was visiting day and one of the novice's parents brought four large ducks and a huge basket of eggs. We are keeping them for the feast.

"Just now we are having a dry season and the coconut tree branches fall to the ground. Fortunately they give a little warning in the form of a 'crackling' noise a second before they come down, so one can get out of range. They are about twelve feet long and very heavy. They provide good fuel. No coal is burned here, only wood. It is very expensive, so all dried branches and twigs are carefully gathered.

"Daughters of Zebedee"

"During noon recreation today someone asked who was ironing this afternoon. She received the quick reply—'The Zebedee family!' And so they were—Sisters Salome, James and John!

Sister Alma has sent us a camera, so I do hope we can take some good pictures soon, perhaps one of the 'Zebedee family.' "

Making altar breads at the Mary Giri Novitiate in Malabar. The flour for the bread is ground by hand. Baking is done in primitive fashion over a fire of coconut shells.

MISSION FOR SAMARITANS

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Because We Love

A MAN is not believed because he is a scholar but because we love and esteem him. Th devil is very wise and yet we do not believe anything he says because we do not love him. Our Lord had first to bestow His love on those He wished to believe in Him. Let us do what we may, people will never believe in us if we do not express love and sympathy for those whom we desire to believe in us.

—St. Vincent de Paul.